

Price Proposal Form
Oversight Manager for DHCD Headquarters Relocation
Request for Proposals S00R4400008

Offeror Name: _____

1. **Column A:** Indicate a fixed, fully loaded hourly rate, to include all anticipated costs to the Contractor for the duration of the project, for all work to be performed under Section 4 of the RFP (Oversight Manager Services Hourly Rate).
2. **Column B:** Calculate the evaluated monthly price by multiplying the Oversight Manager Services Hourly Rate in Column A by the number of hours per month in Column B.
3. **Column C:** Calculate the evaluated contract price by multiplying the evaluated monthly price in Column B by 18 months.

<p style="text-align: center;"><u>Column A</u></p> <p style="text-align: center;">OVERSIGHT MANAGER SERVICES HOURLY RATE</p>	<p style="text-align: center;"><u>Column B</u></p> <p style="text-align: center;">EVALUATED MONTHLY PRICE</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">Column A: Hourly Rate Multiplied by 80 Hours per month*</p>	<p style="text-align: center;"><u>Column C</u></p> <p style="text-align: center;">TOTAL EVALUATED PRICE</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">Column B: Evaluated monthly price Multiplied by 18 months</p>
<p style="text-align: center;">\$ _____</p>	<p style="text-align: center;">\$ _____</p>	<p style="text-align: center;">\$ _____</p>

**The estimated hours above are being provided for the purposes of comparing prices only and are not intended to be a guarantee of work effort.*

Name of Offeror: _____ By: _____

Address: _____ Typed Name: _____

_____ Title: _____

Contact Name _____ Title: _____

Email: _____ Telephone: _____

FID/ FEIN#: _____ Date: _____

Maryland MBE Certification No. (if applicable): _____/Maryland SBR Certification No. (if applicable) _____